

Request for CSR Technician Course Scheduling



PO Box 944246 * Sacramento CA 94244-2460 * FAX (916) 552-9464 * www.osfm.fire.ca.gov

By submitting this request, instructors and sponsoring agencies agree to comply with all published State Fire Training policies and procedures of the California State Fire Marshal's Office.

All requests must be received **6 weeks** prior to the class start date.

Today's Date:	Start Date:		End Date:		Class Code: (SFT Use Only)			
Training Facility:	Advertise In Class Schedule? ☐ Yes ☐ No							
Sponsoring Agency Name:	Class Location (City):							
Contact Name:			Contact's Phone	ntact's Phone Number: Contact's Email Address:				
Number of Squads being Taught Concurrently:			Maximum: 3 Squads Student/Instructor Ratio: 12:1					
SENIOR IN	SQUAD 1							
Senior Instructor:		Instructor Code:	Primary Instructor: Instructor Cod					or Code:
Email Address:	Email Address:							
SQU	SQUAD 3							
Primary Instructor:		Instructor Code:	Primary Instruct	imary Instructor: Instructor Code				
Email Address:			Email Address:					
Estimated Number of Students: Delivered on Shift Sched			# of Shifts:	# of Students pe	ents per Shift: # of Student Manuals: Purchase from CMC			
SHIPPING IN	BILLING INFORMATION:							
Ship To:	Bill To:							
Attn:			Attn:					
Street Address: (No Po Box)			Street Address:					
City/State/Zip Code:			City/State/Zip Code:					
	⊅ F	OR STATE FIRE 1	RAINING USE	ONLY C				
Number of Manuals Shipped:		□ DHL □ Pick-l	Jp					
Date Materials Shipped:		Date Returned:	☐ MRT #: (CDF Use Only)					
		Unit Price	Qua	Quantity Total Price		al Price		
Course Registration	(59210-142500-20)	\$20.00			\$			
				Shipping/H	andling (Charges:	\$	8.00
Sales Tax (student manuals only		Tax Rate:		%	\$	N/A		
			<u>'</u>		TOT	AL DUE:	\$	
DO NOT	P A	Y - T H	18 18	NOT	Α	В	I L	
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Scheduling Desk (916) 445-8132 Revised 7/1/08

Scheduling Fax (916) 552-9464